



Docket No.: ENDICOR.5CP1D1

Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Honeycutt, et al.
App. No. : 09/737,165
Filed : December 14, 2000
For : ROTATIONAL
ATHERECTOMY DEVICE
Examiner : Kevin T. Truong
Art Unit : 3731

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 3, 2004

(Date)

James W. Hill, M.D., Reg. No. 46,396

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 14 pages.
- (X) Two Terminal Disclaimers

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	49 - 51 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	9 - 10 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$420
3 Month Extension		1253 (\$950)		\$0
Fee for 2 Terminal Disclaimers			2 x 110 =	220
			TOTAL FEE DUE	\$640

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$640 is enclosed.
- (X) Return prepaid postcard.

05/07/2004 MBERHE 00000028 09737165

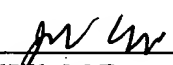
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(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



James W. Hill, M.D.
Registration No. 46,396
Attorney of Record
Customer No. 20,995
(949) 760-0404

LAMEND-TRANS
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